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Dr. Joseph Bank--Prof. Bldg.

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICSSTANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 283  
Registrar's No. 728  
1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 4 days; In Community 4 days; in Arizona 43 yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa  
(If outside city limits also write RURAL)  
(d) Street No. 508 No. Grand Ave.; (e) Citizen of foreign country (yes or No) No  
(f) If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME Clarence M. Paddock (b) If Veteran name was \_\_\_\_\_ (c) Social Security No. None  
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed  
6. (b) Name of husband or wife Serretta Ann Paddock 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Feb. 22, 1882  
(Month) (Day) (Year)  
8. AGE: Years 60 Months 3 Days 3 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Little Cedar, Iowa  
(City, town or county) (State or Country)

10. Usual Occupation Cons't. Engineer

11. Industry or Business Retired

12. Name F. C. Paddock  
13. Birthplace Salem, Wis.  
(City, town or county) (State or Country)

14. Maiden Name Mary Smith  
15. Birthplace Salem, Wis.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Warren F. Paddock  
(b) Address 508 No. Grand Ave. Mesa

17. (a) Burial, Cremation or Removal Burial  
(b) Place Mesa, Ariz. (c) Date May 27, 1942

18. (a) Embalmer's Signature W. H. Baybill  
(b) Funeral Director Meldrum Mortuary  
(c) Address Mesa, Arizona

19. (a) JUN 4 1942  
(Date received local Registrar)

(b) Joseph Bank  
(Registrar's Signature)

20M 100% Reg. 8-1941

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 25, 1942  
TIME (Hour and minute) 3:30 P. M.

21. I hereby certify that I attended the deceased from October 22, 1941 to May 25, 1942  
that I last saw him alive on May 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Peritonitis  
cardiac failure  
Due to Partial gastrectomy

Due to

Other conditions Duodenal ulcer  
(Include pregnancy within 3 months of death)

Major findings: Duodenal ulcer  
Of operations hemorrhage  
Of autopsy not done

DURATION  
48 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Joseph Bank M. D.  
Address 15 E. McDowell Date signed June 31, 1942